



# Mental Health and Disability Services

## Redesign 2011

### Performance Measures

Date: September 29, 2011

Source: DHS

Data Source	Performance Measure	Frequency	Source	Data consideration (eg. Maybe unreliable, partial picture etc.)
MHI - Inpatient Psychiatric	% of clients showing improvement in ability to function as evidenced by an increase in the Global Assessment of Functioning (GAF) score	Monthly	MHI	
	% of adult clients who remain in the community for at least 30 days following MHI discharge	Monthly	MHI	
	% of substance abuse clients who successfully complete/receive maximum benefits from the program	Monthly	MHI	
	Total hours of restraint utilized per 1,000 inpatient hours	Monthly	MHI	
State Resource Center - ICF/MR	Percent of individuals who earn wages through on or off-campus employment	Monthly	SRC	
	Percent of discharged individuals who remain in the community for at least 180 days	Monthly	SRC	
	Number of individuals transitioning to the community using Money Follows the Person (MFP)	Monthly	SRC	

Data Source	Performance Measure	Frequency	Source	Data consideration (eg. Maybe unreliable, partial picture etc.)
Medicaid Waiver Services	# served	Monthly	IME	
	%Satisfaction	Data is only on a % of clients	Medicaid Member	
ID HCBS	# served	Monthly	IME	
	%Satisfaction	Data is only on a % of clients	Medicaid Member	
County Information	Unduplicated Number of Persons served/funded (This information is broken out by adults/children and disability group)	This data is reported annually on December 1 <sup>st</sup>	Counties	
County Information	Actual Expenditure data by person funded. This includes client information, provider information, units funded and beginning date – end date of service, total amt paid for service. This is reported each fiscal year	This data is reported annually on December 1 <sup>st</sup>	Counties	
County Information: 3-Year Strategic Plan	Each County must submit a strategic plan every three years with established goals and objectives for that local area	Every 3 years. Next one would be due April 1, 2012	Counties	This information is difficult to calculate and follow results because each county establishes their own goals
County Information: Annual Report	Each County or Consortium of Counties must submit an annual report based on goals established in their Strategic Plan	This data is reported annually on December 1 <sup>st</sup>		
Uniform Reporting System Tables (URS)	Federal reporting requirement for Data Infrastructure Grant (DIG). URS tables used by NRI to compile NOMS	Annually	CoMIS, CSN, other; Medicaid Claims; Magellan Encounters;	

Data Source	Performance Measure	Frequency	Source	Data consideration (eg. Maybe unreliable, partial picture etc.)
			MHI's; State Payment Program; MHBG contracts & budget reports; Iowa Consortium for MH	
Magellan/CMHC	Consumer Health Inventory (CHI) and CHI-C (Children). Consumers complete at different intervals but no less than every 6 months	Monthly and/or quarterly Data is for all consumers served by CMHC's	Magellan / CHI/CHI – C Outcomes Assessment Report	Reliable but only started 1/1/11 so do not have enough to show performance.
CMHC	Unduplicated count of MH adult consumers, consumers with SMI, Children with MH and children with SED served by CMHC's	Quarterly	CMHC's	May be unreliable
Central Iowa System of Care: (CISOC) Contact/Involvement w/Juvenile Court/Law Enforcement –	Performance measure is 95% of those served will not have referral to juvenile court intake	Quarterly	CISOC	Reliable, but limited to two counties
Central Iowa System of Care: Contact/involvement with DHS-Child Welfare-CINA filing –	As measured by contacts with DHS clients who have referral for child abuse, involvement with DHS offered services and filing of CINA petitions – performance measure is 95% of those served will not have CINA petitions filed solely for the purpose of MH treatment and 95% won't have founded or confirmed referral for child abuse	Quarterly	CISOC	Reliable, but limited to two counties

<b>Data Source</b>	<b>Performance Measure</b>	<b>Frequency</b>	<b>Source</b>	<b>Data consideration (eg. Maybe unreliable, partial picture etc.)</b>
Central Iowa System of Care: Diversion of children from involuntary commitment for MH treatment	98% of those served will be diverted from involuntary MH commitment proceedings	Quarterly	CISOC	Reliable, but limited to two counties
Central Iowa System of Care: Stability of living situation	As measured by current living situation, all living situations during the month of service, and living situation at discharge. Performance measure is 90% of those served will not move to more restrictive living situations	Quarterly	CISOC	Reliable, but limited to two counties
Central Iowa System of Care: School Functioning	As measured by attendance, grades, and amount of in-school and out of school suspensions. Performance measure is 90% will improve school attendance and will demonstrate reduced suspensions from school	Quarterly	CISOC	Reliable, but limited to two counties
Central Iowa System of Care: Global Assessment of Functioning/Functional Assessment Scores	Performance measure is 90% of those served will demonstrate stabilized or improved GAF and functional assessment scores. For functional assessment, the tool is completed at baseline, every 6 months after that and at discharge	Quarterly	CISOC	Reliable, but limited to two counties
Central Iowa System of Care: Timely contact w/families	Response to referral within 24 hours for non-emergency referrals, one hour for emergency referrals 100% of the time	Quarterly	CISOC	Reliable, but limited to two counties

<b>Data Source</b>	<b>Performance Measure</b>	<b>Frequency</b>	<b>Source</b>	<b>Data consideration (eg. Maybe unreliable, partial picture etc.)</b>
Central Iowa System of Care: Client Satisfaction	90% of families served will report satisfaction w/services	Quarterly	CISOC	Reliable, but limited to two counties
*Following outcomes reported through data gathered for the National Evaluation and through the TRAC program. Measures that SAMHSA requires.				
Community Circle of Care (CCC)	Caregivers perceived that their child's functioning improves from baseline to 1 <sup>st</sup> re-assessment		Interviews with youth and family	Partial picture
Community Circle of Care (CCC)	Caregivers reported that their child's attendance at school improves from the first to second assessment		Interviews with youth and family	Partial picture
Community Circle of Care (CCC)	Caregivers report baseline that 97.9% of their children did not have involvement with the Criminal Justice System at the 2 <sup>nd</sup> assessment		Interviews with youth and family	Partial picture
Community Circle of Care (CCC)	Caregivers report socially connectedness has increased at 1 <sup>st</sup> assessment		Interviews with youth and family	Partial picture
Community Circle of Care (CCC)	Perception of Care is measured at the 1 <sup>st</sup> reassessment and thereafter during each assessment		Interviews with youth and family	Partial picture
Community Circle of Care (CCC)	Improvement in Behavior Problems - among CCC youth receiving services for a least 1 year, decrease		Interviews with youth and family	Partial picture

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Community Circle of Care (CCC)	Child's School Performance measured absent from school 1 day a month or less – improvement rates improve at 6 months. Youth receive satisfactory grades at intake with improvement rates at 6 months		Interviews with youth and family	Partial picture
Community Circle of Care (CCC)	Improvement in caregiver strain – after one year, decrease in all types of strain	Annually	Interviews with youth and family	Partial picture
Community Circle of Care (CCC)	Service experience – caregivers asked about satisfaction of services and opinion on cultural competency of their service providers	Every six months	Interviews with youth and family	Partial picture
PATH	# enrolled	Quarterly	HMIS, MHDS	Partial Picture
PATH	# contacted	Quarterly	HMIS, MHDS	Partial Picture
PATH	% of those contacted enrolled	Quarterly	HMIS, MHDS	Partial Picture
PATH	% of enrolled in Community Mental Health Services	Quarterly	HMIS, MHDS	Partial Picture
PATH	Average cost per enrollee	Quarterly	HMIS, MHDS	Partial Picture
PATH	# of PATH workers trained in SOAR Process	Quarterly	HMIS, MHDS	Partial Picture
SOAR	# of SOAR Clients	Quarterly	HMIS,MHDS	Partial Picture
SOAR	%that receive SSI/SSDI benefits	Quarterly	HMIS,MHDS	Partial Picture
SOAR	# days to process application	Quarterly	HMIS,MHDS	Partial Picture
FS-360	# families receiving comprehensive Family Navigator services	Quarterly	MHDS, contracts	No reports available
FS-360	# families receiving casual Family Navigator services	Quarterly	MHDS, contracts	No reports available
FS-360	# families participating in training events	Quarterly	MHDS, contracts	No reports available
FS-360	Results of family satisfaction surveys	Quarterly	MHDS, contracts	No reports available

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Magellan – Quality of Care: Mental Health Readmission	Rate of mental health inpatient readmission by children & adults	7, 30 & 90 days	Claims	Reliable
Magellan – Quality of Care: Community Tenure	The average time between mental health hospitalizations per contract period should not fall below 94 days for Iowa Plan Enrollees	12 months	Authorizations	Reliable
Magellan – Service Array: Integrated Services & Supports	At least 18% of mental health service expenditures, combined for adult & children, will be used in the provision of integrated services & supports	Contract period - 12 months	Claims	Reliable
Magellan – Quality of Care: Follow-up Contact After Hospitalization for Mental Illness	90% of enrollees discharged from mental health inpatient care will receive a follow-up contact by a provider or Magellan staff within 7 days of discharge	Contract period / 7 days of discharge	Authorizations, IP medical record & claims	Reliable
Magellan – Quality of Care: Follow-up After Hospitalization for Mental Illness (modified HEDIS)	56% of enrollees 6 years of age and older discharged from mental health inpatient care for selected disorders will receive outpatient, intensive outpatient program or partial hospitalization treatment services with a MH professional within 7 days of discharge / 76% within 30 days – excludes Medicaid & Medicare	7 days/30 days	Claims & Enrollment	Reliable
Magellan - Quality of Care: Follow-up After Hospitalization for Substance Abuse Treatment	60% of enrollees discharged from ASAM levels III.5 and III.3 will receive follow-up substance abuse service within 14 days of discharge - excludes Medicaid & Medicare	14 days	Authorizations & Claims	Reliable

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Magellan – Quality of Care: Implementation of Mental Health Inpatient Discharge Plans	94% of all discharge plans written for enrollees being released from a mental health inpatient hospitalization shall be implemented (min of 240 charts)	Within Contract Period	Chart Review	Reliable